



Below is a Summary of your coverage.

We work with dentists to determine what is a reasonable fee for every dental service. This negotiated fee is called an allowance, and is the maximum amount we will pay for each dental service. The percentage of the allowance that we pay for a service is determined by your dental plan for example, if you have 50% coverage for a crown, we would pay half of the allowance and you would be responsible for paying the balance (assuming any applicable deductible has been met).

Benefit Category	Plan Pays
Class I — Diagnostic / Preventive Services	
Exams	100%
Cleaning & Fluoride Treatments	
X-rays	
Space Maintainers	
Palliative Treatment (Emergency)	
Class II – Basic Services	
Basic Restorative (Fillings)	80%
Endodontics	
Simple Extractions	
Non-Surgical Periodontics	
Surgical Periodontics	
Complex Oral Surgery	
General Anesthesia and /or IV Sedation	
Class III — Major Services	
Crowns, Inlays, Onlays	50 %
Prosthetics (Bridges, Dentures)	
Orthodontics (Members to any age)	
Diagnostics, Active, Retention Treatment	50%
Program Maximums / Deductibles	
Calendar year Maximum (per covered person)	\$1,200
Calendar Year Deductible (excludes Class I Services)	\$25 per person / \$75 per family
Lifetime Orthodontic Maximum	\$1,200

Contact United Concordia

Phone: 1-800-332 0366– Customer service representatives are available from 8:00 a.m. to 8:00 p.m. EST

Mail: United Concordia, PO BOX 69420 Harrisburg, PA 17103-9420

Web: WWW.unitedconcordia.com Once enrolled, register to use My Dental Benefits for 24/7 secure access to benefit information including eligibility, claim status, procedure history, ID card request and more.